

# JUVENILE JUSTICE SUBSTANCE USE DISORDER AUTHORIZATION / DISCHARGE FORM

**PART I:** Please indicate the requested action: ☐ Authorization ☐ Re-authorization ☐ Discharge

## PART II: DEMOGRAPHIC INFORMATION

Authorized Start Date: \_\_\_\_\_ Authorized End Date: \_\_\_\_\_  
District: \_\_\_\_\_ County: \_\_\_\_\_  
IJOS/CMS/Other Case #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Client's Full Legal Name: \_\_\_\_\_

## PART III: TREATMENT SERVICES

✓	Level of Care	Provider Name / Site / City	Units/Days Approved
<input type="checkbox"/>	Assessment (MI/SOC)	/ /	
<input type="checkbox"/>	Level I – Outpatient	/ /	
<input type="checkbox"/>	Level II – Intensive Outpatient	/ /	
<input type="checkbox"/>	Residential	/ /	
<input type="checkbox"/>	Transitional Housing	/ /	
<input type="checkbox"/>	Family Therapy	/ /	

## PART IV: RECOVERY SUPPORT SERVICES

✓	Service	Provider Name / Site / City	Units/Days Approved
<input type="checkbox"/>	Case Management	/ /	
<input type="checkbox"/>	Drug Testing	/ /	
<input type="checkbox"/>	Child Care	/ /	
<input type="checkbox"/>	Life Skills	/ /	
<input type="checkbox"/>	Transportation	/ /	
<input type="checkbox"/>	Safe and Sober Housing	/ /	

## PART V: CLIENT DISCHARGE INFORMATION

Please discharge client from all services effective on the following date: \_\_\_\_\_  
☐ Completed Successfully ☐ Terminated Unsuccessfully ☐ Other Disposition: \_\_\_\_\_

## PART VI: AUTHORIZING PARTY

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS:

**Authorization / Re-authorization:** Part I: Check to indicate auth or re-auth form. Part II: Indicate beginning and ending date for allowable services; complete other demographic information. Part III and IV: Check type of service, include provider name and days or units approved. NOTE: For re-auth or auth of additional service for a client, complete the form for all services authorized in the treatment plan. Any services not included on the current form will be terminated for the client. Part VI: Provide contact information and sign form.

**Client Discharge:** Part I: Check to indicate discharge. Part II: Enter N/A for start and end dates; complete other demographic information. Part III and IV: Leave blank. Part V: Indicate date of effective discharge and outcome of treatment. Part VI: Provide contact information and sign form.